



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/705,393
		Filing Date	November 2, 2000
		First Named Inventor	Jeffrey W. Dlott
		Art Unit	3627
		Examiner Name	Fishchetti, Joseph A.
Total Number of Pages in This Submission	6	Attorney Docket Number	5112P004

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Elena B. Dreszer, Reg. No. 55,128 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	12-17-04

CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Typed or printed name	Carrie Boccaacini
Signature	
Date	12/17/04

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 06/04/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.S./

date: 12/21/04
DEC 21 2004
PATENT OFFICE

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2> <p style="text-align: center;"><i>Potential fees are subject to annual revision.</i></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>		<i>Complete if Known</i>	
		Application Number	09/705,393
		Filing Date	November 2, 2000
		First Named Inventor	Jeffrey W. Dlott
		Examiner Name	Fischetti, Joseph A.
		Art Unit	3627
		Attorney Docket No.	5112P004
TOTAL AMOUNT OF PAYMENT		(\$)	180.00

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s)☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	15	36* = 0	50.00	\$0.00
Independent Claims	1	4* = 0	200.00	\$0.00
Multiple Dependent				

Large Entity

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Resue independent claims over original patent
1205	300	2205	150	**Resuee claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$) 0.00

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entry		Small Entry		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee
2053	130	2053	130	Non-English specification
1051	120	2251	60	Extension for reply within first month
1251	120	2252	60	Extension for reply within second month
1253	120	2253	50	Extension for reply within third month
1254	150	2254	75	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403		2403	250	Request for oral hearing
1404	1,510	2404	1,510	Petition to institute a public use appeal
1405		2405		Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(e)
1808	180	1808	180	Submission of Information Disclosure
1809	760	1809	395	Filing a submission after final rejection
1810	790	2810	395	For each additional invention to be examined

Other fee (separately)

Information Disclosure Statement

Other fee (specify) _____

Information Disclosure Statement

SUBTOTAL (2)

Fee Paid[illegible]

(\$)	120.00
------	--------

SUBMITTED BY

Name (Print/Type) Elena R. Dreszer

Registration No.
(Attorney/Agent)

55.128

Telephone

Complete (if applicable)

Date _____

12-17-04

Based on PTO/SB/17 (12-04) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 12/15/2004
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.S./



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

JEFFREY W. DLOTT, ET AL.

Application No.: 09/705,393

Filed: November 2, 2000

For: **Method and System to Communicate
Agricultural Product Information to a
Consumer**

Art Group: 3627

Examiner: Fishchetti, Joseph A.

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a final Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

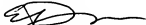
The fee set in the amount of \$180.00 for submission of the Information Disclosure Statement is enclosed herewith. Please charge any additional fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date:

12-17-04


Elena B. Dreszer, Reg. No. 55,128

12400 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90025

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Carrie Boccacini

12/17/04
Date

Substitute for form 1449A/PTO
**INFORMATION DISCLOSURE
 STATEMENT BY APPLICANT**
(Use as many sheets as necessary.)

Sheet 1 of 1



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Complete if Known

Application Number	09/705,393
Filing Date	November 2, 2002
First Named Inventor	Dlott, Jeffrey
Group Art Unit	3627
Examiner Name	Joseph H. Fishetti
Attorney Docket No:	5112P004

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	US-31023	09/07/1982	Hall III, Arthur D.	
	US-6,114,699	09/05/2000	Barton, Franklin E., et al.	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

/Mussa Shaawat/

07/22/2008

EXAMINER**DATE CONSIDERED**

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 606. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the examiner.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.S./